

Frank I. Powers  
HARRIS, POWERS & CUNNINGHAM, PLLC  
361 E. Coronado Road, Suite 101  
Phoenix, AZ 85004

*Attorneys for Claimants John and Nancy Mahoney*

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

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<b>In re:</b>	: <b>Chapter 11 Case No.</b>
	:
<b>MOTORS LIQUIDATION COMPANY, et al.,</b>	: <b>09-50026 (REG)</b>
<b>f/k/a General Motors Corp., et al.</b>	:
	: <b>SUPPLEMENT TO FURTHER</b>
	: <b>SUPPORT CLAIMANTS'</b>
	: <b>CLAIMS</b>
	:
<b>Debtors.</b>	:
	:
-----X	

TO THE HONORABLE ROBERT E. GERBER,  
UNITED STATES BANKRUPTCY JUDGE:

On behalf of Claimants John and Nancy Mahoney, Claim 12546, we respectfully submit this Supplement of treatment records to further support Claimants' claims.

Paul W. Sharbo, DDS

As a result of head trauma, Mr. Mahoney sustained numerous broken teeth that required extensive repair. Dr. Sharbo feels as if he has been able to adequately repair the damage to Mr. Mahoney's mouth. Dr. Sharbo also believes that Mr. Mahoney's traumatized teeth could eventually require endodontic treatment. Dr. Sharbo indicated that it would take several more years to learn whether the pulpal tissue will recover or die as a result of trauma Mr. Mahoney received in this collision.

Summary

In summary, Mr. Mahoney suffered blunt force trauma to his head, broken teeth, broken ribs, a cracked sternum, a fractured collar bone, a collapsed lung, a fractured tibia,

pulmonary emboli, and a heart attack resulting in placement of a permanent pacemaker. He has suffered permanent impairment from the collision. Because of an AC separation of the left shoulder, Mr. Mahoney has a noticeable disfigurement and functional disability. Mr. Mahoney will also be on a Coumadin regiment for the rest of his life, and, as such, will be at high risk for complications if he falls. He continues to suffer a significant loss of cognitive skills and memory loss. He also has speech difficulty, along with a loss of clear thought and word finding ability. He describes it as everything feeling "dull." It appears Mr. Mahoney's traumatic brain injury has left him with permanent deficits. Mr. Mahoney's broken teeth required extensive dental repair.

**John Mahoney's Updated Medical Specials**

**John Mahoney**

University Medical Center.....	\$ 88,431.49
HealthSouth.....	\$47,097.13
<b>Paul W. Sharbo, DDS.....</b>	<b><u>\$ 4,345.00</u></b>
<b>Total.....</b>	<b><u>\$139,873.62</u></b>

DATED this 2nd day of November, 2010.

HARRIS, POWERS & CUNNINGHAM, P.L.L.C.

By /s/ Frank I. Powers  
Frank I. Powers  
361 East Coronado Road, Suite 101  
Phoenix, Arizona 85004  
*Attorneys for Claimants John and Nancy Mahoney*

Motors Liquidation Company, *et al.*  
Chapter 11 Case No. 09-50026

## Index of Exhibits

- Exhibit A Tucson Police Department Accident and Supplemental Reports dated March 11, 2008.
- Exhibit B Tucson Police Department Accident Scene Photographs taken March 11, 2008.
- Exhibit C Crash Data Retrieval File Information dated June 6, 2008.
- Exhibit D Mike Shepson Vehicle Inspection Photographs (Mahoney Vehicle) dated June 5, 2008.
- Exhibit E Mike Shepson Vehicle Inspection Photographs (At Fault Vehicle) dated June 5, 2008.
- Exhibit F Mike Shepson Vehicle Inspection Photographs (Accident Location) dated June 5, 2008.
- Exhibit G Interstate Investigative Services Report and Photographs dated February 26, 2010.
- Exhibit H Complaint - C20101914, *Mahoney v. Coulter Cadillac, et al.*, filed March 11, 2010.
- Exhibit I Certificate on Compulsory Arbitration - C20101914, *Mahoney v. Coulter Cadillac, et al.*, filed March 11, 2010.
- Exhibit J *1999 Cadillac Deville Recalls, Defects, and Problems*, printed from [www.autobuyguide.com](http://www.autobuyguide.com).
- Exhibit K *Cadillac Recall News*, printed from [www.crash-worthiness.com](http://www.crash-worthiness.com).
- Exhibit L John Mahoney Medical Records (Paul W. Sharbo, DDS.)**
- Exhibit M Nancy Mahoney Medical Records.

# EXHIBIT L

## JOHN MAHONEY MEDICAL RECORDS

(Paul W. Sharbo, DDS)

**Paul W. Sharbo, DDS**  
**6744 E. Broadway**  
**Tucson, AZ 85710**  
**520-298-9771**  
**August 10, 2010**

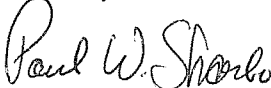
Frank I. Powers  
Harris Powers & Cunningham  
Post Office Box 13568  
Phoenix, AZ 85002-3568

I have enclosed copies of our treatment records and billing statements for John J. Mahoney from February 2008 to the present. I have highlighted on both the dental record and billing statement log the items of care which I believe are related to the accident in March of 2008. These all represent conditions requiring treatment which were not evident in February 2008. For teeth #8, 9, 10, 18 & 11 this means physical breakage. The care required to repair all these teeth except #18 was full crown restoration. Tooth #18 was repaired with a direct filling restoration. For teeth #20 & 21 it indicated dental caries which started while John was recovering from his injuries. In this case the care needed was new direct filling restorations. This may have been due to chipping of restorations which were in the teeth or his inability to maintain adequate dental hygiene through his early recovery period. You will note that tooth #11 was recognized only later as requiring care from the trauma. It was cracked and crazed but didn't start coming apart until later.

Right now it looks as though we have adequately repaired the damage to John's mouth from the accident. However, any of these traumatized teeth could eventually require endodontic treatment from the same trauma. It takes several years to learn whether the pulpal tissues will recover or die after teeth receive severe trauma as John's received in the accident

At this point in time the cost for diagnosis and repair of dental damages caused by the accident is \$4345.00.

Sincerely,



Paul W. Sharbo

ProcdDate	FirstName	Code	Tth	Surf	Procedure	Fee	PtPaid	Adj(C)	Adj(D)	InsPaid	Balance
Total						\$7,642.00	\$4,875.54	-1,082.73	\$9.91	\$3,748.10	
7/8/2003	John	D1110			Prophyaxis - Adult	\$55.00	\$0.00	\$0.00	\$0.00	\$0.00	\$55.00
10/9/2003	John	D0330			Panoramic Film	\$65.00	\$0.00	\$0.00	\$0.00	\$0.00	\$120.00
10/9/2003	John	D1110			Prophyaxis - Adult	\$55.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175.00
1/20/2004	John	D1110			Prophyaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$243.00
2/3/2004	John	D2335	26	DIFL	Resin Based Composite - 4 Or More S	\$165.00	\$0.00	\$0.00	\$0.00	\$0.00	\$428.00
5/3/2004	John	IP			INS PAID* 2/3/2004 Check #41469	\$0.00	\$0.00	\$0.00	\$0.00	\$76.31	\$351.69
5/3/2004	John	DDADJ			DDADJ*2-3-2004	\$0.00	\$0.00	\$39.61	\$0.00	\$0.00	\$312.08
5/3/2004	John	MSADJ			MTN ST DISC -1-20-04*	\$0.00	\$0.00	\$18.43	\$0.00	\$0.00	\$293.65
5/3/2004	John	IP			INS - 1/20/2004 Check #1470	\$0.00	\$0.00	\$0.00	\$0.00	\$39.66	\$253.99
5/17/2004	John	D1110			Prophyaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$321.99
5/17/2004	John	0120			PERIODIC ORAL EXAM	\$28.00	\$0.00	\$0.00	\$0.00	\$0.00	\$349.99
6/14/2004	John	IP			Ins* 7/8/2003 Check #1768	\$0.00	\$0.00	\$0.00	\$0.00	\$35.86	\$314.13
6/14/2004	John	IP			Ins* 10/9/2003 Check #1768	\$0.00	\$0.00	\$0.00	\$0.00	\$62.84	\$231.29
6/14/2004	John	UCADJ	FM		UC-DISC-10-9-2003	\$0.00	\$0.00	\$16.45	\$0.00	\$0.00	\$214.84
6/14/2004	John	UCADJ	FM		UC-DISC-7/8/2003	\$0.00	\$0.00	\$10.17	\$0.00	\$0.00	\$204.67
6/24/2004	John	IP			Ins* 5/17/2004 Check #41959	\$0.00	\$0.00	\$0.00	\$0.00	\$58.02	\$146.65
6/24/2004	John	MSADJ			MTN ST DISC - 5-17-2004	\$0.00	\$0.00	\$23.48	\$0.00	\$0.00	\$123.17
7/19/2004	John	CHECK			CHECK PMT-POSTED TO JMM-BAL	\$0.00	\$53.17	\$0.00	\$0.00	\$0.00	\$70.00
7/19/2004	John	CHECK			CHECK PMT* BAL ON PWS FILLING	\$0.00	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00
8/30/2004	John	D1110			Prophyaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
9/27/2004	John	JMM/AD			CREDIT FROM NANCY'S ACCOUNT	\$0.00	\$0.00	\$58.09	\$0.00	\$0.00	\$9.91
9/27/2004	John	CHECK			CHECK PMT -PATIENT -THANK YOU	\$0.00	\$9.91	\$0.00	\$0.00	\$0.00	\$0.00
10/18/2004	John	MSADJ			MSADJ-8/30/2004	\$0.00	\$0.00	\$18.43	\$0.00	\$0.00	\$-18.43
10/18/2004	John	IP			Ins 8/30/2004 Check #3777	\$0.00	\$0.00	\$0.00	\$0.00	\$39.66	\$-58.09
11/8/2004	John	D1110			Prophyaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.91
11/8/2004	John	D0274			Bitewings - Four Films	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47.91
11/8/2004	John	D0120			Periodic Oral Exam	\$28.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75.91
1/3/2005	John	IP			Ins 11/8/2004 Check #MS	\$0.00	\$0.00	\$0.00	\$0.00	\$83.39	\$-7.48
1/3/2005	John	MSADJ			MSADJ-11-08-2004	\$0.00	\$0.00	\$29.77	\$0.00	\$0.00	\$-37.25
2/16/2005	John	D1110			Prophyaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.75
2/16/2005	John	D0120			Periodic Oral Exam	\$28.00	\$0.00	\$0.00	\$0.00	\$0.00	\$58.75
2/16/2005	John	D0220	13		Intraoral - Periapical - First Film	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$78.75
3/3/2005	John	IP	FM		Ins 2/16/2005 *MD/JM	\$0.00	\$0.00	\$0.00	\$0.00	\$32.80	\$-14.05
3/3/2005	John	DEBIT			CREDIT MOVED TO NANCY	\$0.00	\$0.00	\$0.00	\$9.91	\$0.00	\$-4.14
5/10/2005	John	D1110			Prophyaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$63.86
5/13/2005	John	MAIL	FM		ROA*CK*1/2 CK-JMM-THANK YOU	\$0.00	\$31.86	\$0.00	\$0.00	\$0.00	\$32.00

Patient History for John Mahoney

ProcDate	FirstName	Code	Tth	Surf	Procedure	Fee	PtPaid	Adj(C)	Adj(D)	InsPaid	Balance
5/31/2005	John	ID	FM		INS DENIED - 5-10-05-2 PER YEAR-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32.00
8/24/2005	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00
9/6/2005	John	IP			Ins 8/24/2005 *MD/JM	\$0.00	\$0.00	\$0.00	\$0.00	\$54.40	\$45.60
12/5/2005	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$113.60
12/13/2005	John	MAIL			ROA*CK*THANK YOU*JMM Check -	\$0.00	\$45.60	\$0.00	\$0.00	\$0.00	\$68.00
12/22/2005	John	ID	FM		INS DENIED -12/5/05-OVER 2 PER Y	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
1/18/2006	John	D2750	31		Crown-Porcelain Fused To High Noble	\$850.00	\$0.00	\$0.00	\$0.00	\$0.00	\$918.00
1/18/2006	John	D0230	31		Intraoral - Periapical - Each Add Film	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$933.00
1/24/2006	John	POT			POST OP - TREATMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$933.00
2/1/2006	John	1000	31		PLACEMENT OF PROSTHESIS-NEW	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$933.00
2/3/2006	John	IP	31		Ins 1/18/2006 *DR. LAI	\$0.00	\$0.00	\$0.00	\$0.00	\$412.00	\$521.00
2/7/2006					Statement printed on 2/7/2006	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$521.00
3/9/2006	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$589.00
5/4/2006	John	CHECK			CK-THANK YOU* Check - #9447	\$0.00	\$589.00	\$0.00	\$0.00	\$0.00	\$0.00
6/7/2006	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
6/26/2006	John	ID			*INS DENIED -DUE TO FREQUENCY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
8/28/2006	John	CHECK			CK-THANK YOU* Check - #9567	\$0.00	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00
9/14/2006	John	D1110			Prophylaxis - Adult	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68.00
9/14/2006	John	D0274			Bitewings - Four Films	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00	\$106.00
9/14/2006	John	D0120			Periodic Oral Exam	\$28.00	\$0.00	\$0.00	\$0.00	\$0.00	\$134.00
9/25/2006					Statement printed on 9/25/2006	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$134.00
9/25/2006	John	IPPT			Insurance Payment for 9/14/2006 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$107.20	\$26.80
12/13/2006	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$97.80
1/30/2007	John	CHECK			CK-THANK YOU* Check - #9702	\$0.00	\$97.80	\$0.00	\$0.00	\$0.00	\$0.00
4/2/2007	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
4/2/2007	John	D0274			Bitewings - Four Films	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00	\$109.00
4/2/2007	John	D0120			Periodic Oral Exam	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$144.00
4/16/2007	John	IPPT			Insurance Payment for 4/2/2007 Chec	\$0.00	\$0.00	\$0.00	\$0.00	\$35.00	\$109.00
4/16/2007	John	IPPT			Insurance Payment for 4/2/2007 Chec	\$0.00	\$0.00	\$0.00	\$0.00	\$49.80	\$59.20
4/23/2007	John	CHECK			CK-THANK YOU* Check - #9786	\$0.00	\$59.20	\$0.00	\$0.00	\$0.00	\$0.00
8/2/2007	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
8/7/2007	John	CHECK			CK-THANK YOU* Check - #9884	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
11/19/2007	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
11/26/2007	John	CHECK			CK-THANK YOU* Check - #9990	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
12/3/2007	John	IPPT			Insurance Payment for 11/19/2007 Ch	\$0.00	\$0.00	\$0.00	\$0.00	\$56.80	\$-56.80
2/26/2008	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.20
3/19/2008	John	ID			*INS DENIED DUE TO FREQUENCY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.20

Patient History for John Mahoney

ProcDate	FirstName	Code	Th	Surf	Procedure	Fee	PtPaid	Adj(C)	Adj(D)	InsPaid	Balance
3/27/2008	John	CHECK			CK-THANK YOU* Check - #0136	\$0.00	\$14.20	\$0.00	\$0.00	\$0.00	\$0.00
8/28/2008	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
9/3/2008	John	D0210			FMX-Intraoral-Comp Series	\$120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$191.00
9/3/2008	John	D0120			Periodic Oral Exam	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$226.00
9/15/2008	John	IPPT			Insurance Payment for 9/3/2008 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$118.40	\$107.60
9/15/2008	John	IPPT			Insurance Payment for 8/28/2008 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$56.80	\$60.80
9/23/2008	John	CHECK			CK-THANK YOU* Check - #10318	\$0.00	\$14.20	\$0.00	\$0.00	\$0.00	\$36.60
9/23/2008	John	CHECK			CK-THANK YOU* Check - #10318	\$0.00	\$36.60	\$0.00	\$0.00	\$0.00	\$0.00
9/24/2008	John	D2393	18	DOF	Resin Based Composite-3 Surfaces, F	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	\$195.00
9/24/2008	John	D2393	20	DOF	Resin Based Composite-3 Surfaces, F	\$195.00	\$0.00	\$0.00	\$0.00	\$0.00	\$390.00
9/24/2008	John	D2392	21	OF	Resin Based Composite-Two Surfaces	\$165.00	\$0.00	\$0.00	\$0.00	\$0.00	\$555.00
10/6/2008	John	D2750	09		Crown-Porcelain Fused To High Noble	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,455.00
10/6/2008	John	D2750	10		Crown-Porcelain Fused To High Noble	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,355.00
10/6/2008	John	D2750	08		Crown-Porcelain Fused To High Noble	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,255.00
10/7/2008	John	IPPT			Insurance Payment for 9/24/2008 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$404.00	\$2,851.00
10/21/2008					Walkout printed on 10/21/2008	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,851.00
10/21/2008	John	POT			*POST OP - TREATMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,851.00
10/21/2008					Statement printed on 10/21/2008	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,851.00
10/21/2008	John	CHECK			CK-THANK YOU* Check - #342	\$0.00	\$2,851.00	\$0.00	\$0.00	\$0.00	\$0.00
11/18/2008	John	IPPT			Insurance Payment for 10/6/2008 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$1,352.16	\$1,352.16
11/24/2008	John	1000	9-11		PLACEMENT OF	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,352.16
11/24/2008	John	REFUNE			Patient Refund/OVER PAYMENT CHE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/17/2008	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
1/6/2009	John	ID			*INS DENIED -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
2/3/2009	John	CHECK			CK-THANK YOU* Check - #0458	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
3/17/2009	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
4/1/2009	John	IPPT			Insurance Payment for 3/17/2009 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$56.80	\$14.20
4/20/2009	John	CHECK			CK-THANK YOU* Check - #10533	\$0.00	\$14.20	\$0.00	\$0.00	\$0.00	\$0.00
7/15/2009	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
7/15/2009	John	D0120			Periodic Oral Exam	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$106.00
7/20/2009	John	D2750	11		Crown-Porcelain Fused To High Noble	\$900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,006.00
7/20/2009	John	D0220	11		Intraoral - Periapical - First Film	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,041.00
7/27/2009	John	ID			*INS DENIED -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,041.00
7/27/2009	John	IPPT			Insurance Payment for 7/15/2009 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$23.20	\$1,017.80
7/27/2009	John	INSADJ			INSURANCE ADJUSTMENT	\$0.00	\$0.00	\$6.00	\$0.00	\$0.00	\$1,011.80
8/10/2009	John	1000	11		PLACEMENT OF	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,011.80
8/13/2009	John	INSADJ			INSURANCE ADJUSTMENT	\$0.00	\$0.00	\$19.00	\$0.00	\$0.00	\$992.80

Patient History for John Mahoney



ProcDate	FirstName	Code	Tth	Surf	Procedure	Fee	PtPaid	Adj(C)	Adj(D)	InsPaid	Balance
8/13/2009	John	IPPT			Insurance Payment for 7/20/2009 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$12.80	\$980.00
8/18/2009	John	IPPT			Insurance Payment for 7/20/2009 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$425.00	\$555.00
9/1/2009	John	CHECK			CK-THANK YOU* Check - #10684	\$0.00	\$484.00	\$0.00	\$0.00	\$0.00	\$71.00
9/1/2009	John	CHECK			CK-THANK YOU* Check - #10684	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
10/20/2009	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
11/12/2009	John	INSADJ			INSURANCE ADJUSTMENT	\$0.00	\$0.00	\$13.00	\$0.00	\$0.00	\$68.00
11/12/2009	John	IPPT			Insurance Payment for 10/20/2009 Ch	\$0.00	\$0.00	\$0.00	\$0.00	\$46.40	\$11.60
11/10/2009	John	CHECK			CK-THANK YOU* Check - #0741	\$0.00	\$11.60	\$0.00	\$0.00	\$0.00	\$0.00
11/27/2010	John	D1110			Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
2/1/2010	John				Statement printed on 2/11/2010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
2/1/2010	John	ID			*INS DENIED -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
2/18/2010	John	CHECK			CK-THANK YOU* Check - #1077	\$0.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
3/17/2010	John	D0274			Bitewings - Four Films	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45.00
3/31/2010	John	INSADJ			Statement printed on 3/31/2010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36.00
3/31/2010	John	IPPT			INSURANCE ADJUSTMENT	\$0.00	\$0.00	\$9.00	\$0.00	\$0.00	\$7.20
4/8/2010	John	CHECK			Insurance Payment for 3/17/2010 Che	\$0.00	\$0.00	\$0.00	\$0.00	\$28.80	\$0.00
4/14/2010	John	D1110			CK-THANK YOU* Check - #1143	\$0.00	\$7.20	\$0.00	\$0.00	\$0.00	\$0.00
5/18/2010	John				Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
5/18/2010	John	ID			Statement printed on 5/18/2010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
5/18/2010	John	INSADJ			*INS DENIED -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
5/25/2010	John	CHECK			INSURANCE ADJUSTMENT	\$0.00	\$0.00	\$8.00	\$0.00	\$0.00	\$63.00
8/4/2010	John	D1110			CK-THANK YOU* Check - #1173	\$0.00	\$63.00	\$0.00	\$0.00	\$0.00	\$0.00
8/4/2010	John				Prophylaxis - Adult	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.00
8/4/2010	John	D0120			Periodic Oral Exam	\$40.00	\$0.00	\$0.00	\$0.00	\$0.00	\$111.00

Patient History for John Mahoney

DATE	NO.	SERVICES RENDERED	DEBIT	DR.	DATE	NO.	SERVICES RENDERED	DEBIT	NO.
10-22-09		Collect puppy w/ flz	71-						
		Med. care. Mand. and flz							
		Gen 3-6 w/ problem							
1-29-10		Adult puppy w/ flz	21						
		No changes to med. care							
		Med. care. Mand. and post							
		of Max. New better guideline							
		breeding							
3/15/10		2nd med. - ? over in 3 weeks							
		would let black paws to leaving	40-45						
3/17/10		1st vet exam - no lgs	not						
		second 3 month interval	271						
4-14-10		Adult puppy w/ flz	71-						
		Med. care / plague - rev.							
		better guideline breeding							
		Gen 3-6 w/ problem							
		one change to med. care							
8-4-10		Adult puppy w/ flz	71-						
		No changes to med. care							
		Med. care. Mand. and. Med. plague							
		Gen 3-6 w/ problem - Dr. Sheno							
		did exam - No sig. findings							

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CMT OF DIAGNOSIS TO BE SENT \_\_\_\_\_  
DATE \_\_\_\_\_

**MEDICAL HISTORY — SUMMARY**

General Health \_\_\_\_\_

Existing Illness \_\_\_\_\_

Medicine/Drugs \_\_\_\_\_

Allergies \_\_\_\_\_

**DENTAL HISTORY — SUMMARY**

Attitude \_\_\_\_\_

Home Care \_\_\_\_\_

## CLINICAL DATA

Palate: Hard \_\_\_\_\_ Soft \_\_\_\_\_ Cheeks \_\_\_\_\_ Lips \_\_\_\_\_  
 Frenum \_\_\_\_\_ Tongue \_\_\_\_\_ Ridges \_\_\_\_\_  
 Presence of Exudate \_\_\_\_\_ Areas of Food Retention \_\_\_\_\_ Saliva \_\_\_\_\_  
 Calculus: Slight \_\_\_\_\_ Moderate \_\_\_\_\_ Excessive \_\_\_\_\_  
 TMJ \_\_\_\_\_ Neck \_\_\_\_\_ Occlusion \_\_\_\_\_  
 Results of X-ray: Bone \_\_\_\_\_ Root Tips \_\_\_\_\_ Impactions \_\_\_\_\_  
 Supernumerary \_\_\_\_\_ Abscesses \_\_\_\_\_

DATE / NO.	SERVICES RENDERED	DEBIT	DR.	DATE	NO.	SERVICES RENDERED	DEBIT	NO.	
7/13/08	Exam + FNX - note thermometer fection of teeth 7, 10 + 11 which was not present 2/20/08 also - exam mgs. at 8 + account series on 20 + 21 plan to do in exam for 9/10 + 11 - added for lower (D) 2/24/08 #18 Aligned. top - 1.7cc 2nd Dib = see 1:10k block - DIB See all along along facial surface slime etc. P/B & 11 + 23 9 P/B 20 measure - DE + 0 - ditto 2323 21 measure F + 0 ditto 2372			11/27/08	#8, 9, +10 Remount P/Bs 2mm = 30g in Occlusal align Adjust properly w/ Flz no changes to need the pt. se cold wound and ling - therapy plaque (ben - see better guidance brushing - Ben 3-6 mm plaque 3mm Adjust properly w/ Flz 71- no changes to need the pt. see Mod plaque - mod cold wound ant. Ben 3-6 mm plaque see better guidance brushing to pt. 25 speculor linguals. at 3mm Adjust properly w/ Flz 71- no changes to need the pt. mod plaque guideline - 3-6 mm plaque depth. Exam w/ pt. Charles N.N. #11 Crown. #11 multi-surface defects on Palatal obstruction - (see, top 1.7cc Dib O.D. = see 1:10k B2 for I + mid 13s + 14-2 for 6 1/2 Rep, Occlusal Imp, 15mm 8 top = 10mm w/ R 4 Gibson #11 20g + 2mm P/Bs on - 30g on Rail 2 DIB from in. concerned w/ 11 #11 could be addressing 172 per 10/20/08				
10/06/08	Visit #2 / B2 #20-29 facial done top - 1.7cc 2nd DIB see 1:10k - See + remove old exams - 8 + 9 were splinted swants had to be replaced B-50 splint defects - remove 10 exam deflection - remove - re pup 8, 5, + 10 Repaired crown - P/Bs = Tanner we R + 6mm 8, 5, + 10 Crown - try in - #10 13s well but is bulky at 8 + 9 do not fit papers - Retailer ship & return to Lab - See 3/10, +11			8/12/05	#11 20g + 2mm P/Bs on - 30g on Rail 2 DIB from in. concerned w/ 11 #11 could be addressing 172 per 10/20/08				

## PALENT, NOVICKI

DATE OF EXAMINATION

AGE

**MEDICAL HISTORY — SUMMARY**

General Health \_\_\_\_\_

Existing Illness \_\_\_\_\_


Medicine/Drugs \_\_\_\_\_

Allergies \_\_\_\_\_

**DENTAL HISTORY — SUMMARY**  
 Attitude \_\_\_\_\_  
 Home Care \_\_\_\_\_

## CLINICAL DATA

General Condition of Teeth \_\_\_\_\_ Stains \_\_\_\_\_ Abrasions \_\_\_\_\_  
 Plaque \_\_\_\_\_  
 Condition of Present Restorations \_\_\_\_\_  
 Overhangs \_\_\_\_\_ Contact Points \_\_\_\_\_  
 Inflammation of Gingival Tissue: Slight \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_  
 Color \_\_\_\_\_ Recession \_\_\_\_\_ Pockets \_\_\_\_\_  
 Condition of the Floor of Mouth \_\_\_\_\_  
 Palate: Hard \_\_\_\_\_ Soft \_\_\_\_\_ Lips \_\_\_\_\_  
 Frenum \_\_\_\_\_ Tongue \_\_\_\_\_  
 Press \_\_\_\_\_  
 Calcu \_\_\_\_\_  
 TMJ \_\_\_\_\_  
 Result \_\_\_\_\_  
 Super \_\_\_\_\_



at the dental  
 e laboratory  
 is a  
 tory certifies  
 is used to  
 eels.

COMPOSITION

Au	75.1%	Pd	
	12.0%		
Ag	10.0%	Ir	1.8%
Sn	1.0%		

tion \_\_\_\_\_ Saliva \_\_\_\_\_  
 Occlusion \_\_\_\_\_ Excessive \_\_\_\_\_  
 Impactions \_\_\_\_\_  
 ccesses \_\_\_\_\_

# IDENT ALLOY CERTIFICATE

The manufacturer certifies that the dental casting alloy provided to the laboratory with this certificate is a High-Noble Alloy. The laboratory certifies that High-Noble alloy was used to fabricate this prosthesis.

ALLOY	MANUFACTURER	COMPOSITION
ARGEDENT 75	THE ARGON CORPORATION	Au 75.1% Pd 12.0% Ag 10.0% In 1.8% Sn 1.0% Ir X%

## Dentist Certificate

will be going on afternoon  
next evening. 3-05.

DATE	NO.	SERVICES RENDERED	DEBIT	DR.	DATE	NO.	SERVICES RENDERED	DEBIT	NO.
9/9/06		Dr. S Rev. Medbr. 0.0 Δ			4/2/07		Rev. Medbr. 0.0 Δ		
		Adult poph. 5 FI. IX. 68					Adult poph. 5 FI. IX. 71		
		Gen. 3-4 mm pocket					Gen. 3-6 mm pocket		
		UR 4-6 mm pocket					depts. Titan. Tropical		
		depts. Tropical A. 2 Titan.					3 no maint.		
9/7/06		3 no maint. Blus + Exon (MD)			8/2/07		Rev. Medbr. 0.0 Δ		
		Rev. Medbr. 0.0 Δ					Adult poph. 5 FI. IX. 71		
		Adult poph. 5 FI. IX. 68					Gen. 3-6 mm pocket		
		Gen. 3-6 mm pocket					depts. Titan. (MD)		
		depts. Dilateral					3 no maint.		
		Top LC - Linp			11/19/07		Rev. Medbr. 0.0 Δ		
		slight is inc. tested.					Adult poph. 5 FI. IX. 71		
		Rec. wdm salt water					Gen. 3-6 mm pocket		
		insects. (MD)					depts. Titan. (MD)		
		3 no maint. Blus + Exon					3 no maint.		
7/4/06		Rev. Medbr. 0.0 Δ			8/26/08		Rev. Medbr. 0.0 Δ		
		Adult poph. 5 FI. IX. 68					Adult poph. 5 FI. IX. 71		
		Gen. 3-6 mm pocket					Gen. 3-6 mm pocket		
		depts. Gen. mang.					depts. Titan. (MD)		
		plasma. OH. 48 hrs +					3 no maint. Blus + Exon		
		3 no maint. Dr. S (MD)			8/17/08		on comm. line wants to hang		
		3 no maint.					any for Julian Argiens		
		3 no maint.					Red severe cuts accident		
1/13/06		Dr. S					in Feb is recovering		
		Rev. Medbr. 0.0 Δ			8-28-08		Adult poph. w/ FI. 71		
		Adult poph. 5 FI. IX. 71					Exon w/ Dr. S train 5-1000 5mm		
		Gen. 3-6 mm pocket					Gen. 3-5+ mm probing + mod. Red blood and		
		depts. Tropical A. 2					Finx - 1 mm		
		Titan. (MD)					3 no maint.		
		3 no maint.					3 no maint.		

PATIENT NAME Manolly FIRST NAME John SPOUSE'S FIRST NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHYSICIAN'S NAME AND PHONE NUMBER \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COPY OF DIAGNOSIS TO BE SENT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

1															
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16															

**MEDICAL HISTORY — SUMMARY**  
 General Health \_\_\_\_\_  
 Existing Illness \_\_\_\_\_  
 Medicine/Drugs \_\_\_\_\_  
 Allergies \_\_\_\_\_

**DENTAL HISTORY — SUMMARY**  
 Attitude \_\_\_\_\_  
 Home Care \_\_\_\_\_

**CLINICAL DATA**

General Condition of Teeth \_\_\_\_\_ Stains \_\_\_\_\_ Abrasions \_\_\_\_\_  
 Plaque \_\_\_\_\_  
 Condition of Present Restorations \_\_\_\_\_ Contact Points \_\_\_\_\_  
 Overhangs \_\_\_\_\_ Inflammation of Gingival Tissue: Slight \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_  
 Color \_\_\_\_\_ Recession \_\_\_\_\_ Pockets \_\_\_\_\_  
 Condition of the Floor of Mouth \_\_\_\_\_  
 Palate: Hard \_\_\_\_\_ Soft \_\_\_\_\_ Cheeks \_\_\_\_\_ Ridges \_\_\_\_\_ Lips \_\_\_\_\_  
 Frenum \_\_\_\_\_ Tongue \_\_\_\_\_ Areas of Food Retention \_\_\_\_\_ Saliva \_\_\_\_\_  
 Presence of Exudate \_\_\_\_\_ Calculus: Slight \_\_\_\_\_ Moderate \_\_\_\_\_ Excessive \_\_\_\_\_  
 TMJ \_\_\_\_\_ Neck \_\_\_\_\_ Occlusion \_\_\_\_\_  
 Results of X-ray: Bone \_\_\_\_\_ Root Tips \_\_\_\_\_ Impactions \_\_\_\_\_  
 Supernumerary \_\_\_\_\_ Abscesses \_\_\_\_\_

3-05 Serious Can Accident - Weekly dried - many broken bones  
 was a Chicago police officer 30 yrs.

E	D	C	B	A	A	B	C	D	E
I	S	R	Q	P	O	N	M	L	K

Primary Teeth

MOLD & SHADE

TEETH	Upper	Lower
Centrals		
Laterals		
Cuspid		
Posteriors		

Habits — Thumb  
 or finger sucking  
 Occlusion:

Spaces or missing teeth:

Orthodontics required: Yes No Date

Remarks: